

Name  
in  
Full

Solomon Bayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hoyes		Garrett	10	15	Days
Date of death	Month	Day	Years	Months	Days
1909	Aug	3	80		
Sex	Color or Race	Birth-place			
Male	White	Pa			
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband	Anna Bayer			
Married	Anna Bayer				
Father's Name	Michael Bayer				
Mother's Maiden Name	Mary Kingler				
Name of person giving information	Anna Bayer				
wife					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(66)

Immediate

"

x

2 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. Mason MD  
Friendsville  
Md.

Accident or Suicide?

deciduous cemetery

Name  
in  
Full

Mabel Virginia Cram

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	at place of death.		
Father's Name	Garrett Co., Md.			
Mother's Maiden Name	West. Va.			
Name of person giving Information	Brother			

Female White

Baby Baby

Thomas J. Cram

Mary Elizabeth Ballah

Ray Cram

How long Six weeks

How long Six weeks

CAUSES OF DEATH

Primary	105
Cholera infantum,	How long
Immediate	Six weeks
Cholera infantum,	How long
Are the name, age, sex, color, date and place correctly given above?	Six weeks
Yes	Signature of Physician
	Address
Accident or Suicide?	Band patch

G. Savage M.D.

Accident or Suicide? *no*

PHYSICIAN  
OR CORONER

Johnsons

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charlotte Horwitz  
Town  
Bunnyside Garrett

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1909	August	25	12		17
Sex	Color or Race	Where Residing if not at place of death			
Female.	White	WVa.			
Occupation					

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

David S. Horwitz.

Father's Birthplace

Pa.

Mother's Maiden Name

Ida Koller.

Mother's Birthplace

WVa.

Name of person giving information

David S. Horwitz

How related to deceased

Father

CAUSES OF DEATH

54

Primary

Chlorosis

How long

3 mo.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

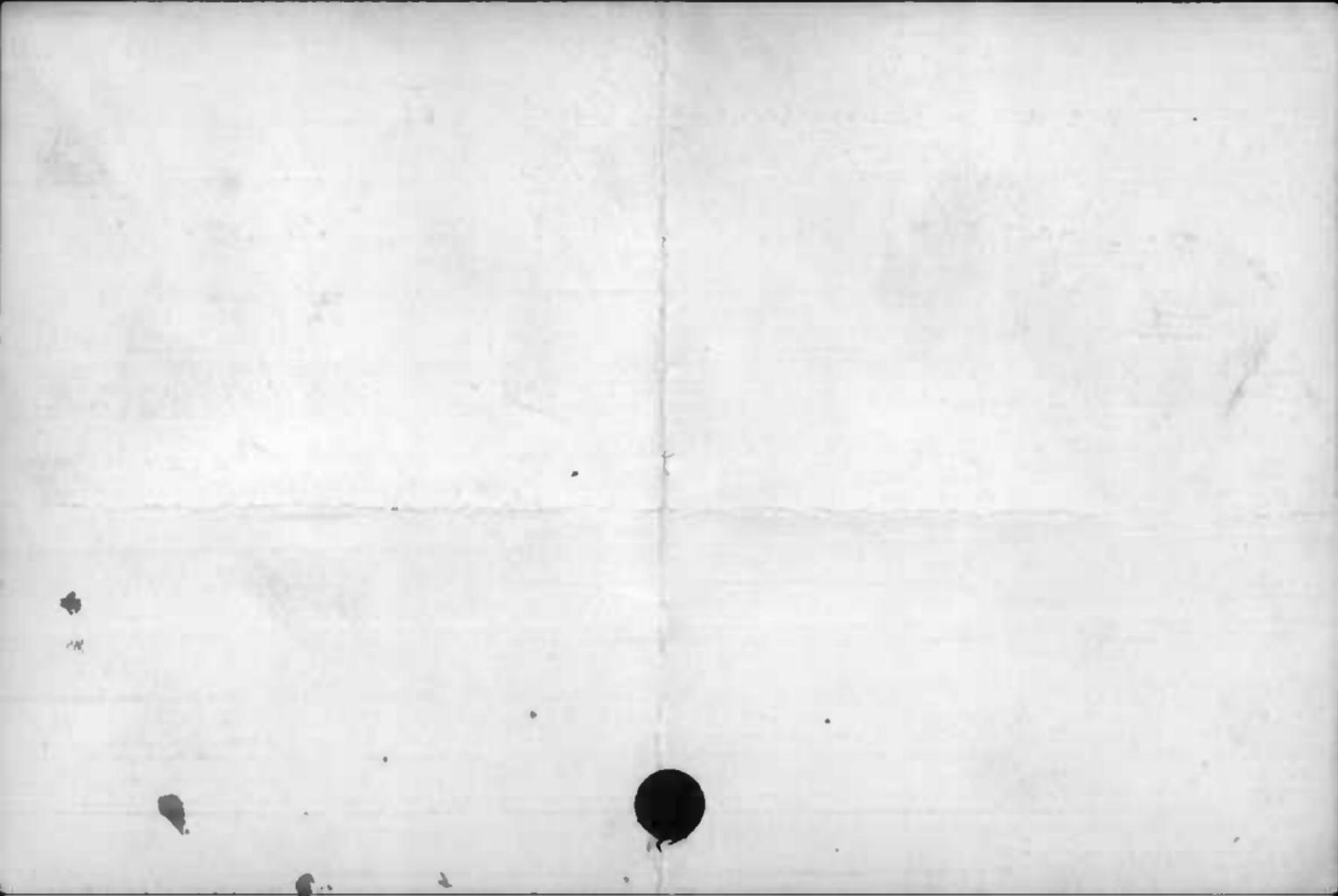
Yes

Signature of Physician

Address

J. J. Cole  
Aurora -  
W. Va.

Accident or Suicide?



Name  
in  
Full

William Harrison Ervin Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Oakland

Town

County

MARYLAND

Date of death 1909 August 12<sup>th</sup>

Month

Day

Years

Months

Days

Age 57

2

25

Sex

Male

Color or Race

White

Birth-place

Pennsylvania

Occupation

Engineer

Where Residing if not  
at place of death

Windber Pa.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Jemmette

Nutting

Father's  
Name

Wm. H. Ervin

Father's  
Birthplace

Pennsylvania

Mother's  
Maiden Name

Dout. Krow

Mother's  
Birthplace

Pennsylvania

Name of person giving  
Information

Jemmette Nutting

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Apoptysis

64

Now long

1 day

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

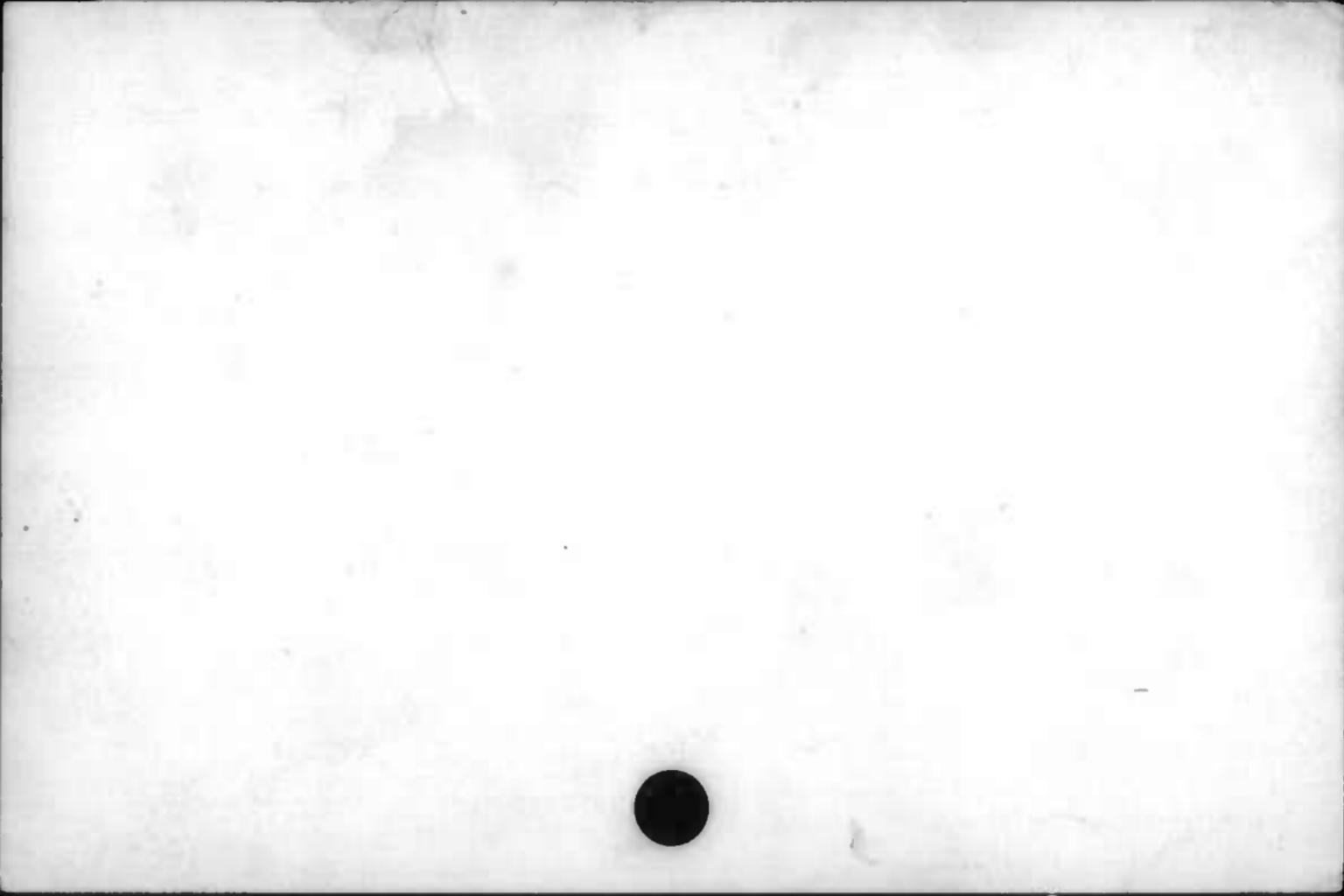
Address

H. W. Welcome

Oakland

Accident or Suicide

✓ Dr. W. C. Hinbaugh Cinc.



Name  
in  
Full

Infant still Born Hilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Friendsville	County	MARYLAND		
Date	Month	Day	Years	Months	Days
about 1909	Aug	10	—	—	—
Sex	Color or Race	Birth-place	Maryland		
male	white	Maryland			
Occupation	Where Residing if not at place of death				

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

George Hilman

Father's Birthplace

Md

Mother's Maiden Name

Edith Geary

Mother's Birthplace

Md

Name of person giving Information

George Hilman

How related  
~~deceased~~

Father

CAUSES OF DEATH

Primary

Died Born

How long

8

X

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

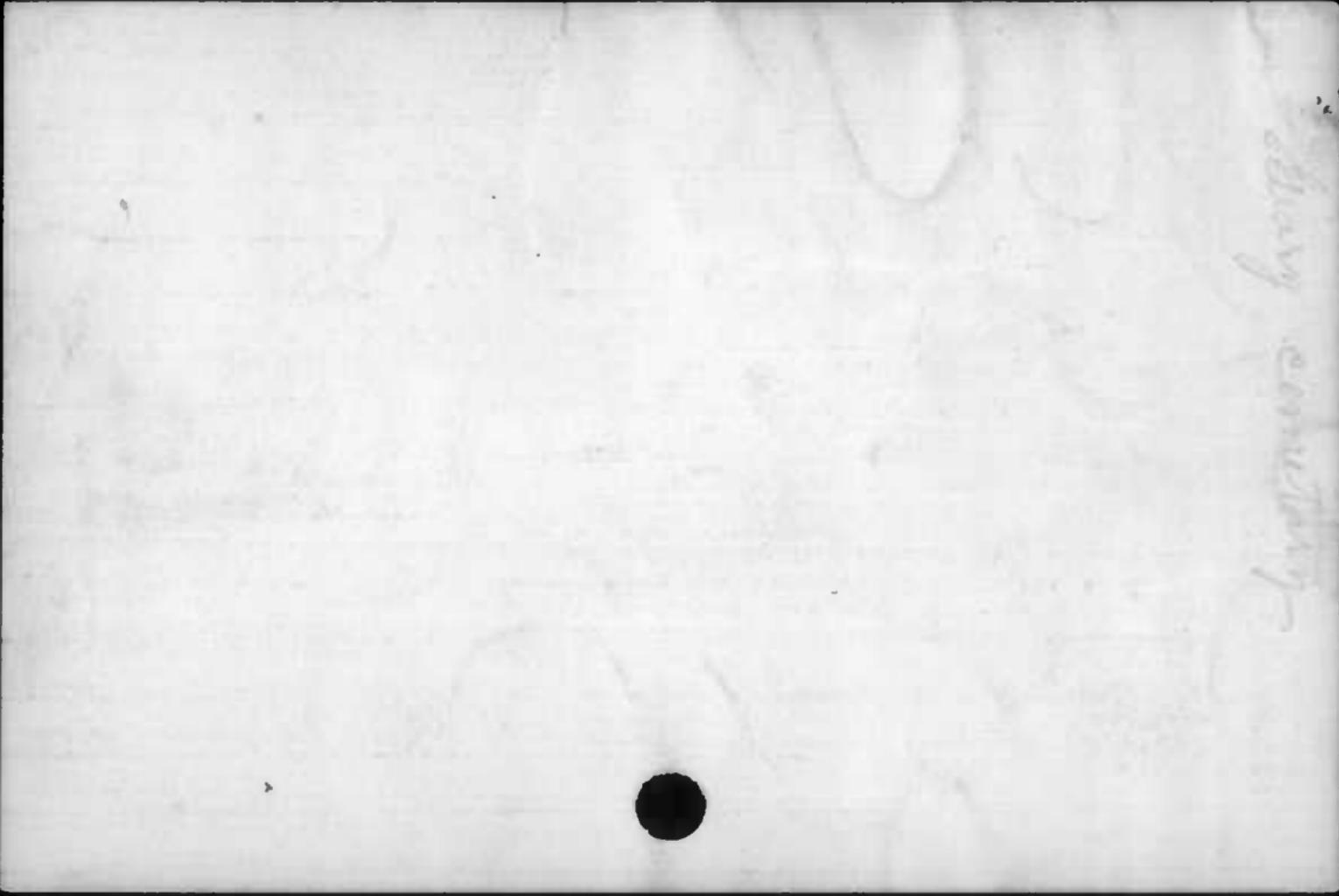
Signature of Physician

Address

A. Mason, M.D.  
Friendsville  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Rheek A Hinbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Ami Hinbaugh				
Father's Name	Abraham Welch			Father's Birthplace	Md	
Mother's Maiden Name	Mary Elisabeth Sambrau			Mother's Birthplace	Pa	
Name of person giving information	Ami Hinbaugh			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

one year

Immediate

Fell dead (heart failure)

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

X

Hugh H Friend

Address

Local Board of Health

Accident or Suicide?

No Physician in attendance

Bird Spring cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lael Lee

Town

Oakland

County

Garnett

CERTIFICATE OF DEATH

MARYLAND

Died at

Oakland

Months

Days

Date  
of death

190

Month

9 Aug

Day

2

Years

3

Age

4

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Sister

Name of Wife or  
Husband

✓

Father's  
Name

John Lee

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Maggie Ward

Mother's  
Birthplace

Md.

Name of person giving  
Information

John Lee

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Easter fever

1

X

How long

about 3 weeks

How long

Immediate

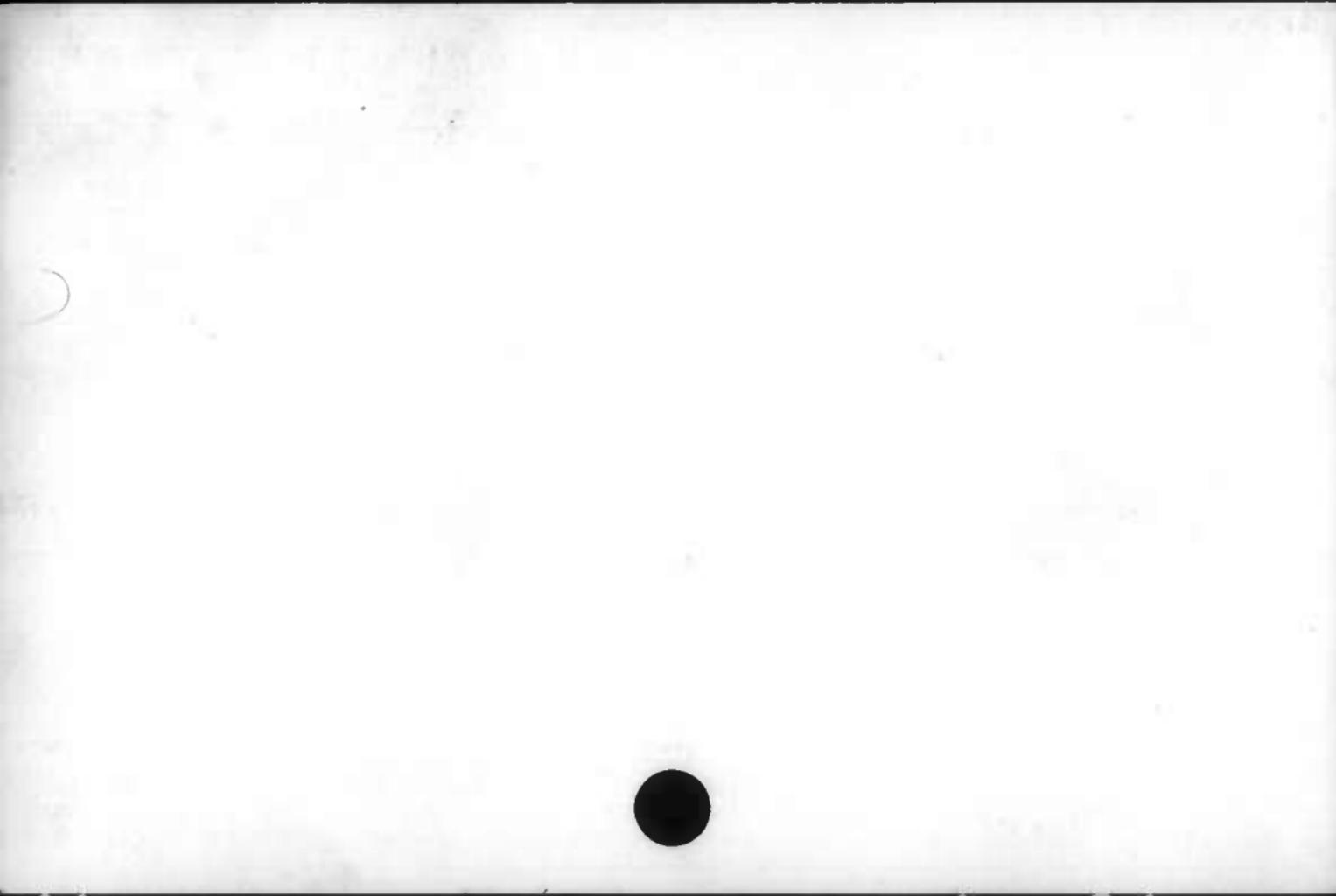
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. E. Leggo

Accident or Suicide



Name  
in  
Full

Mrs Maggie Wards Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Oakland

County

Gareet

MARYLAND

Date of death

190 9 aug

Month

Day

Years

Months

Days

Age

36

Sex

Female

Color or Race

white

Birth-piece

mdo

Occupation

Wid.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or Husband

John Lee

Father's Birthplace

mds

Father's Name

Ges. Wards

Mother's Maiden Name

Anna Missouri Hartmane

md

Name of person giving  
Information

John Lee

Husband



How long

16 days

How long

24 hours

Primary

Euteric fever

CAUSES OF DEATH

Immediata

Perforatione intestinie

Signature of Physician

Address

J. E. Legge.  
Oakland  
md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

John T. McCullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Friendsville

County

Garrett

MARYLAND

Date  
of death

Month

Day

1909 Aug 30

Year

Age

8

Month

4

Days

9

Sex  
Occupation

Color or  
Race

white

Birth-  
place

Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John T. McCullough

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Mary E. Lydia

Mother's  
Birthplace

Pa

Name of person giving  
Information

John T. McCullough

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Alcoholism

56

How long

30 hours

Immediate

Spasms

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

A. J. Mason  
Friendsville  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Springville Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hugh Parugh		County	
Town	Close to Blaine Garrett	County	MARYLAND
Died at		Years	Months
Date of death	Month	Day	Years
1909 Aug 4		Age	71
Sex	Color or Race	Birth-place	Days
Male	White	Md	
Occupation	Where Residing if not at place of death		
Farmer	Near Blaine		
Married, Single or Widowed	Name of Wife or Husband	Claradog Parugh	
Married	Claradog Parugh	Father's Birthplace	
Father's Name	Do not know		
Mother's Maiden Name	Do not know		
Name of person giving Information	Glo Herne	Mother's Birthplace	
		How related to deceased	Kinsman

## CAUSES OF DEATH

179

How long



How long

Primary

Burnt gun on the above. Case  
about fifteen miles from Oakland

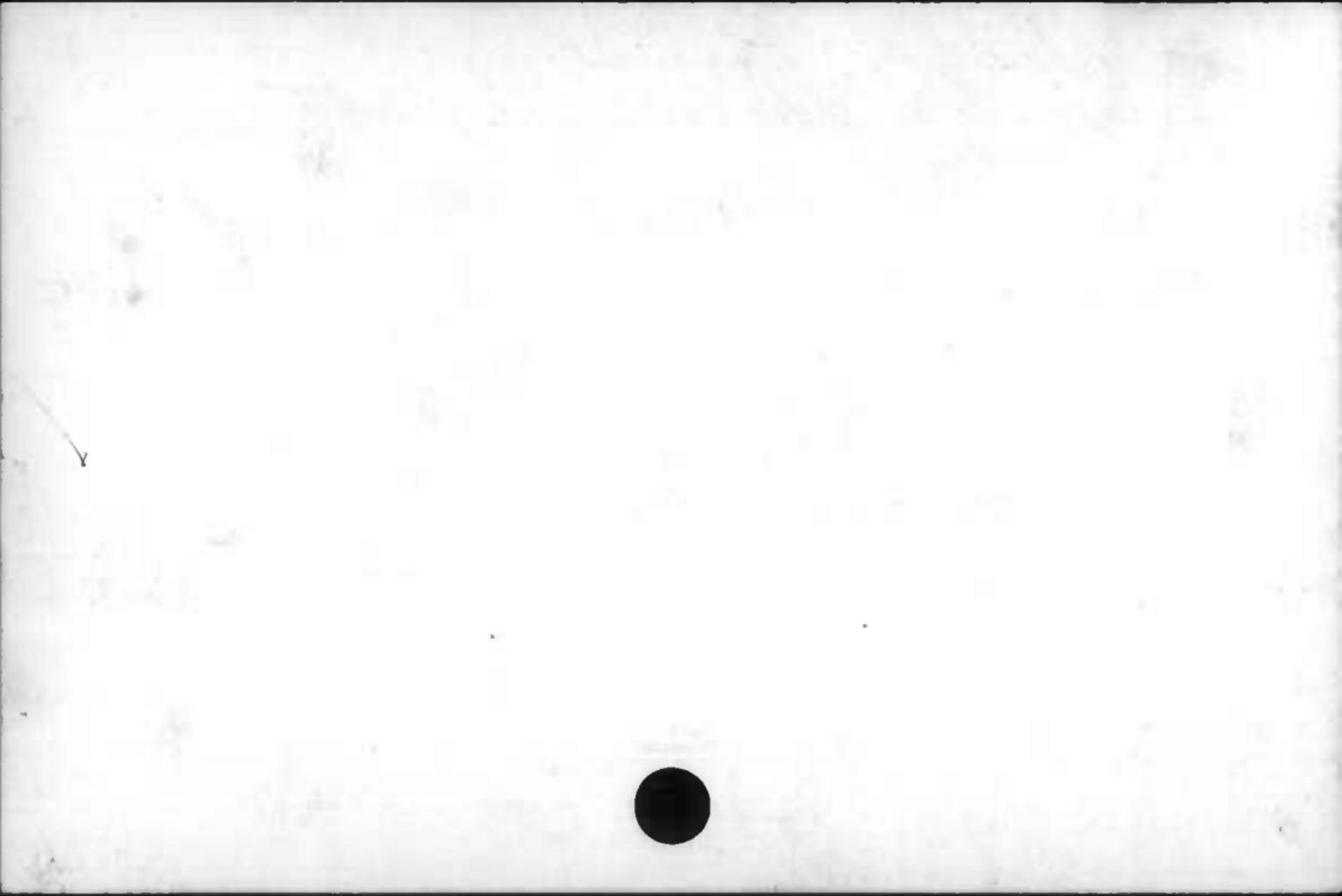
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

+ no physician  
H. W. McCombs N.Y.

Accident or Suicide



Name  
in  
Full

Mrs. Ella Proudfoot

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mt. Laurel Park	Garrett			
Date of death	Month	Day	Years	Months	Days
1909	Aug	2	61	2	27
Sex	Color or Race	Birth-place			
Femose	white	Grafton W. Va.			
Occupation	Where Residing if not at place of death				
Hauswif	Grafton W. Va.				
Married, Single or Widowed	Name of Wife or Husband	James W. Proudfoot			
Married	James W. Proudfoot				
Father's Name					
Mother's Maiden Name					
Name of person giving information	Wm Mallett	How related to deceased			
		Son			

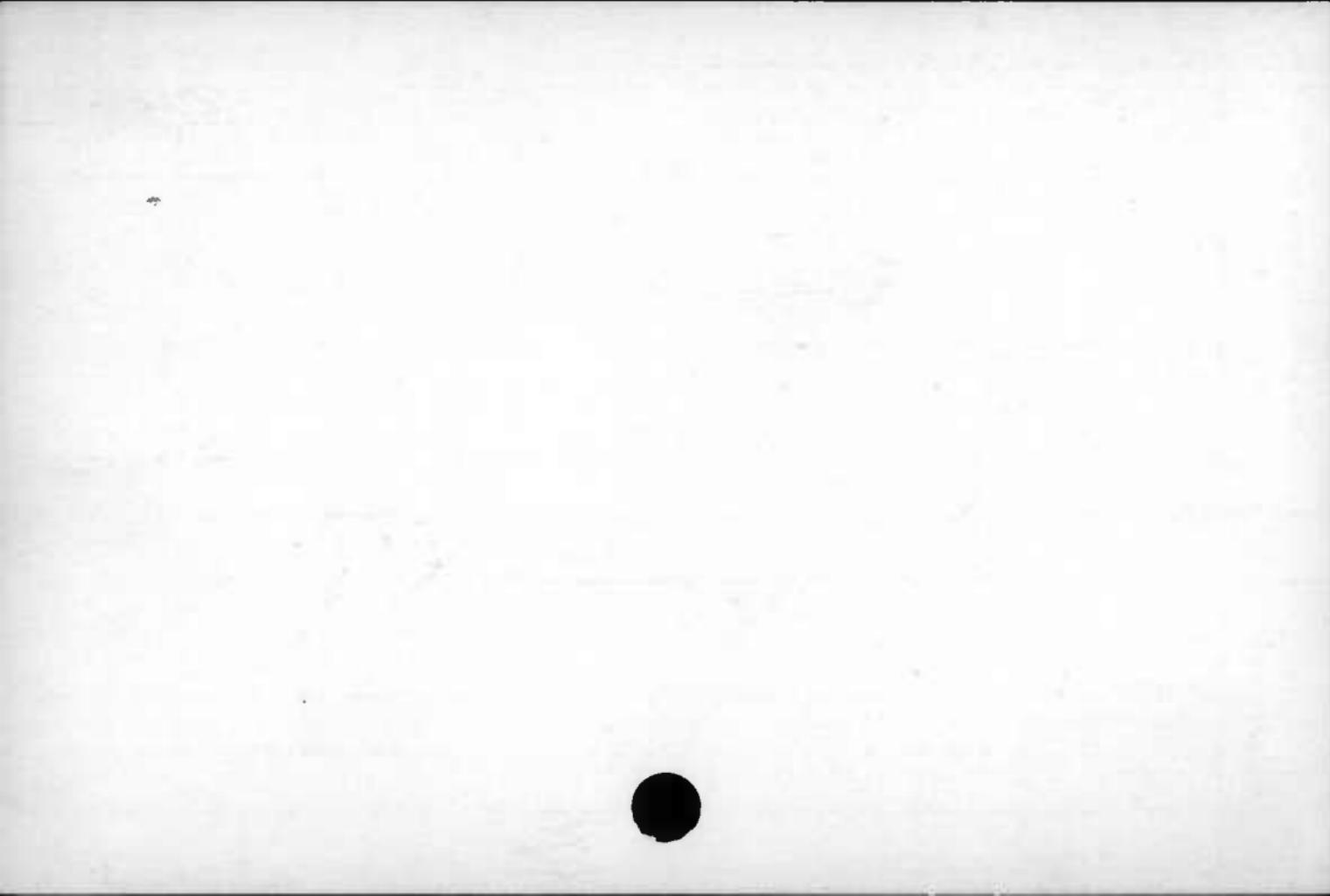
CAUSES OF DEATH

27

X

PHYSICIAN  
OR CORONER

Primary	Pneumonia Tubercolosie		How long	1 year
Immediate	Pneumonia Haemorrhage		How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. C. Hinshaw	
		Address	Oxon Hill Md	
Accident or Suicide?	No			



Name  
in  
Full

Yonathan Randolph Richards  
Town Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death

Month

Day

Years

Months

Days

1909 Aug

2

Age

9

10

Sex

Male

Color or  
Race

white

Birth-  
place

Havana, Cuba

Occupation

Farmer

Where Residing if not  
at place of death

Washington D. C.

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Robert Lewis Richards

Father's Name Ohio  
Birthplace Lexington

Mother's  
Maiden Name

Maria Burtis Harton

Mother's Name St. Louis Mo  
Birthplace

Name of person giving  
Information

R. J. Richards

How related  
to deceased Father

CAUSES OF DEATH

Primary

Gastro-Enteric Infection

14 days

Immediate

Asphyxia

5

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. W. McLean

Address

Oaklande M. d

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Ethel Russel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at near Banton

Town

County

Date of death 1909 Aug 19

Month

Day

Garnett

Years

MARYLAND

Sex female

Color or  
Race

white

Months

Days

Occupation

Birth-  
place

11

25

Garnett Co Md

Where Residing if not  
at place of death

Married, Single  
or Widowed

✓

Name of Wife or  
Husband

✓

Father's  
Name

Arch Russel

Father's  
Birthplace

Alleg. Co Md

Mother's  
Maiden Name

Hannay Broadwater

Mother's  
Birthplace

Garnett Co Md

Name of person giving  
Information

James Russel

How related  
to deceased

Uncle

CAUSES OF DEATH

Primary

Dysentery

14

How long

ten days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

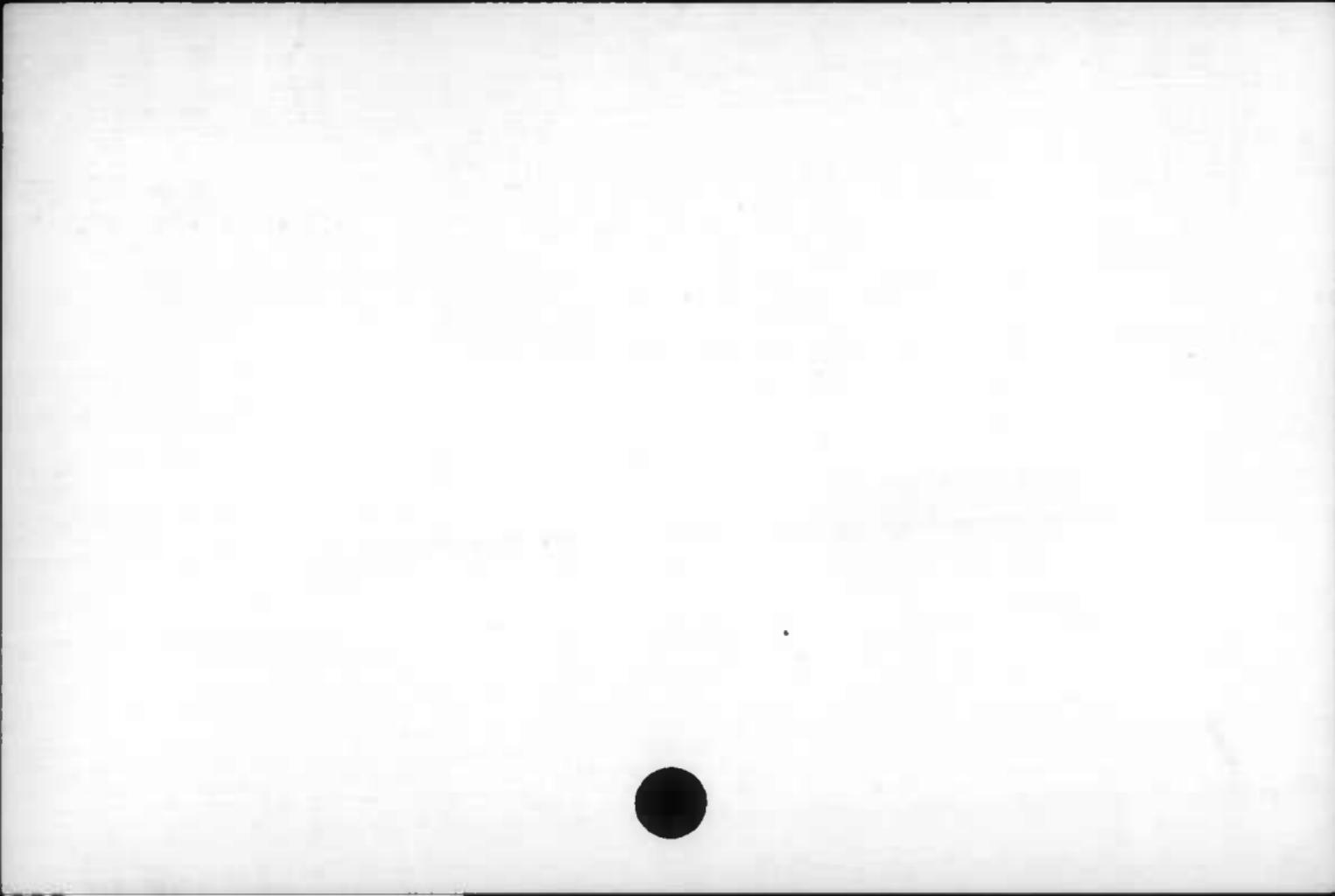
yes

Signature of  
Physician

Address

J. A. Burcham

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
ON CORONER

Carrie Savage

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Kenclal

County

Garett

Date  
of death

Month

Day

Years

Months

Days

1909 aug

14

Age

23

don't know

ee

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Bruce Savage

Father's  
Birthplace

md

Father's  
Name

John Castell

Mother's  
Birthplace

md

Mother's  
Maiden Name

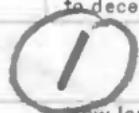
Louisa Devitt

How related  
to deceased

Burban

Name of person giving  
Information

Bruce Savage



CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 whe

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. J. Mason M.D.  
of Friendooville  
Md.

Accident or Suicide

Sang. Kun Cemetery

Name  
in  
Full

Premia Selders

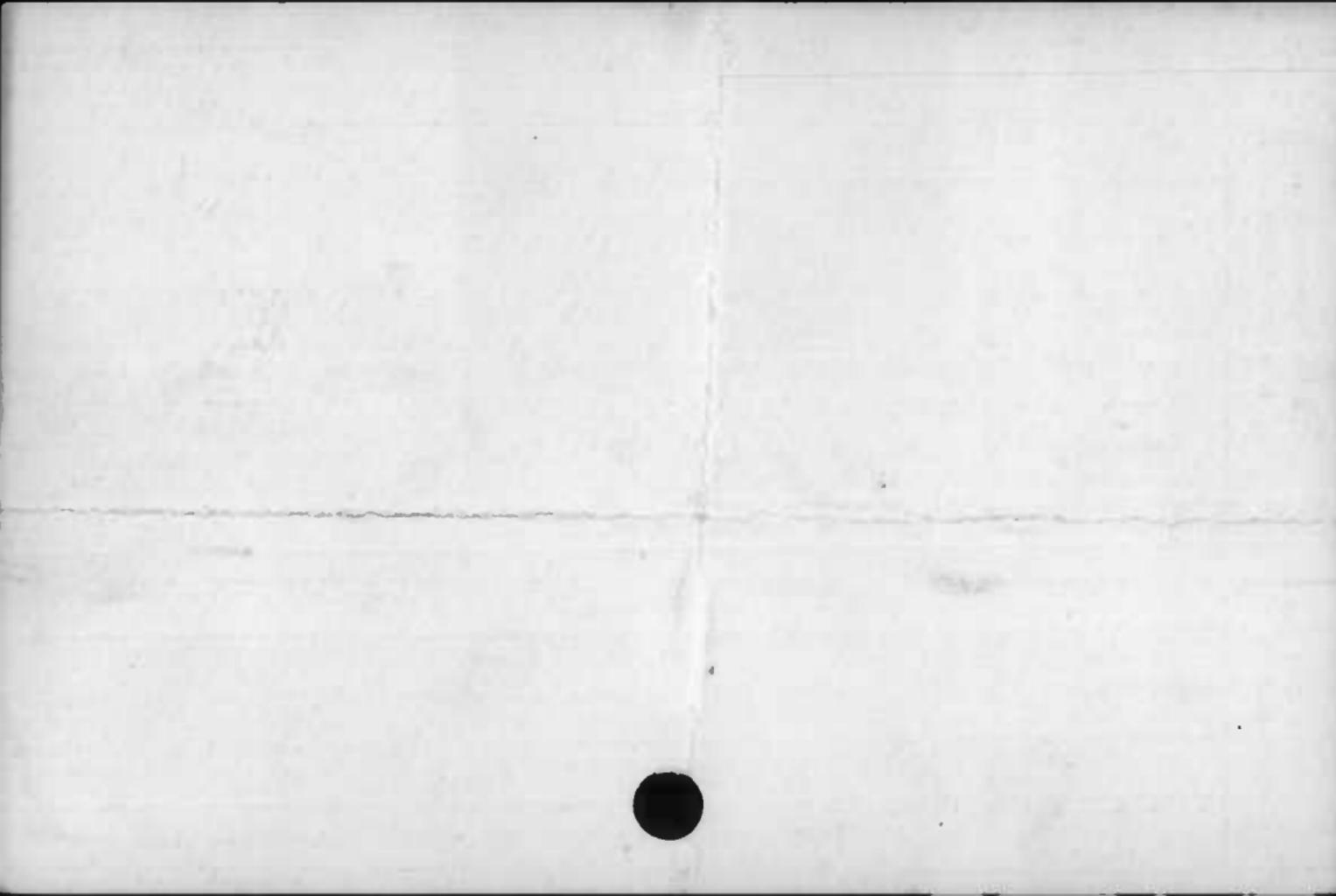
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sunnyside</u>		Town	County <u>Garrett</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Near Oakland</u>		<u>Pa.</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		<u>—</u>			
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Elizabeth Selders</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>Louis Selders</u>	How related to deceased <u>Grandfather</u>					

CAUSES OF DEATH

Primary	<u>Premature Birth</u>		How long <u>151</u>
Immediate	<u>Heart Failure</u>		
Are the name, age, sex, color, date and place correctly given above?		Yes <u>yes</u>	Signature of Physician <u>Arnold A. Scherr</u>
		Address <u>Egdon W. Va.</u>	
Accident or Suicide?		No <u>no</u>	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Marie Shaffer

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Days

9 Aug 29 70

2

Sex

Female

Color or  
Race

white

Birth-  
place

West Va

Occupation

Her

Where Residing if not  
at place of death



Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Benjamin Shaffer

Father's  
Name

Ovid Wilh

Father's  
Birthplace

Oakhurst

Mother's  
Maiden Name

Lydia Bishop

Mother's  
Birthplace

Roxbury

Name of person giving  
Information

John Shaffer

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Cirrhosis Liver

40

How long

About 1 year

Immediate

Euthanasia

How long

Same day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

